



CONTRACT AWARD SHEET
Internal Services Department
Procurement Management Services

Bid No. 7831-0/13
Award Sheet

Procurement Management Services DIVISION

BID NO.: **7831-0/13**

PREVIOUS BID NO.: **NONE**

TITLE: **PURCH/MAINT PHYS FITNESS APPARATUS-PREQU**

CURRENT CONTRACT PERIOD: **06/20/2011** through **06/30/2018**

Total # of OTRs: **0**

MODIFICATION HISTORY

Bid No. 7831-0/13

Award Sheet

DPM Notes

APPLICABLE ORDINANCES

LIVING WAGE: **No**

UAP: **Yes**

IG: **No**

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

No Local Preference

No Micro Enterprise

No Full Federal Funding

No Performance Bond

No Small Business Enterprise (SBE)

No PTP Funds

No Partial Federal Funding

No Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **Jennyfer Calderon**

PHONE: 305 375-5312

FAX: 305 375-4407

EMAIL: jcalder@miamidade.gov

VENDOR NAME: **GYM SOURCE MIAMI INC**
 DBA:
 FEIN: **134080835** SUFFIX : **01** CITY: **HOLLYWOOD** ST: **FL** ZIP: **33020**
 STREET: **4200 N 29TH AVE** DELIVERY:
 FOB_TERMS: **DEST-P** TOLL PHONE: **888-496-7687**
 PAYMENT TERMS: **NET30**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
BOB LAWRENCE	954-818-5502	888-496-7687	407-668-4204	BOBL@GYMSOURCE.COM

VENDOR NAME: **MFAC LLC**
 DBA: **M F ATHLETIC**
 FEIN: **262148521** SUFFIX : **03** CITY: **CRANSTON** ST: **RI** ZIP: **02821**
 STREET: **11 AMFLEX DRIVE** DELIVERY:
 FOB_TERMS: **DEST-P** TOLL PHONE: **-**
 PAYMENT TERMS: **NET30**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
JENNIFER LACHAPPELLE	800-556-7464	-	800-682-6950	MFATHLETIC@MFATHLETIC.COM

VENDOR NAME: **SEARS ROEBUCK & CO**
 DBA: **SEARS COMMERCIAL**
 FEIN: **361750680** SUFFIX : **10** CITY: **MIAMI** ST: **FL** ZIP: **33165**
 STREET: **5320 SW 97 AVE**
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-359-2000**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
LADY M LAMAS	786-348-7826	800-359-2000	305-441-6977	LADYM.LAMAS@SEARSHC.COM

VENDOR NAME: **COASTAL FITNESS DISCOUNT CARDIO &**
 DBA:
 FEIN: **650927426** SUFFIX : **01** CITY: **WEST PALM BEACH** ST: **FL** ZIP: **33409**
 STREET: **1900 OKEECHOBEE BLVD STE C5**
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
MICHAEL J ASENTI	561-712-0381	-	561-712-1483	COASTALFITNESS@AOL.COM

VENDOR NAME: **CLIQUE MARKETING LLC**
 DBA: **BUSY BODY**
 FEIN: **650985004** SUFFIX : **02** **33069**
 STREET: **910 SW 2ND PLACE** CITY: **POMPAÑO BEACH** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **877-496-8646**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
RICHARD J LEMOINE	954-781-1787	877-496-8646	954-781-1575	RLEMOINE@GYMSTOGO.COM

VENDOR NAME: **MED FIT SYSTEMS INC**
 DBA:
 FEIN: **680317647** SUFFIX : **01** **92028**
 STREET: **543 EAST ALVARADO ST** CITY: **FALLBROOK** ST: **CA** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
EDWARD NAVAN	678-895-0199	-	276-773-0393	ENAVAN@MEDFITSYS.COM

VENDOR NAME: **WELLWAY EXERCISE SALES & SERVICE CORP**
 DBA:
 FEIN: **742766052** SUFFIX : **01** 33068
 STREET: **7540 W MCNAB RD # E-5** CITY: **N LAUDERDALE** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **954-721-8550**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
ARNOLD DAVIS	954-825-5774	954-721-8550	-	WELLWAYEX@MSN.COM

VENDOR NAME: **PROMAXIMA MANUFACTURING LTD**
 DBA:
 FEIN: **760578028** SUFFIX : **01** 77081
 STREET: **5325 ASHBROOK DR** CITY: **HOUSTON** ST: **TX** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-231-6652**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
JOHN YAGER	713-667-9606	800-231-6652	713-661-3976	JYAGER@PROMAXIMA.COM

ITEMS AWARDED Section:

Details: **7831-0/13**

This contract is a Pre-qualification pool. Vendors will be invited to participate in spot market purchases when required by various County departments. Please see Road Map for further instructions.

<u>Item #</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Price</u>
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End of ITEMS AWARDED Section

AWARD INFORMATION Section

BCC Award:	DPM Award:	No
BCC Date:	DPM Date:	06/07/2011

Contract Amount: \$ **665,000.00**

Additional Items Allowed: **See Section 2, Paragraph 2.33**

Agenda Item No.:

Special Conditions:

Insurance Type A 01, UAP and Inspector General are included in this bid contract.

BPO INFORMATION Section:

1	ABCW1100663	
	Commodity ID	Commodity Name
	805-57	GYMNASIUM APPARATUS AND EQUIPMENT:
	Department	Department Allocation
	AV	\$65,000.00
	FR	\$225,000.00
	PD	\$375,000.00

End of BPO Information Section